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|  <p>LAKE COUNTY FLORIDA</p> <p>REQUEST FOR QUOTATION (RFQ)</p> <p>Commodity Code(s): 991-390, 991-391, 991-705</p> <p> <input checked="" type="checkbox"/> Open Market <input type="checkbox"/> Existing Contract <input type="checkbox"/> Original <input checked="" type="checkbox"/> Modified </p> | <p>RFQ No: Q2017-00006-1</p> <p>Due Date: 8/24/2016 at 3 p.m.</p> <p>Pre-Proposal Conference: Not Applicable</p> <p>Send Response To</p> <p>Name: Mr. Johnny Taylor</p> <p>Address:</p> <p>Phone: 352.253.1684 P. O. BOX 7800 Tavares, FL 32778</p> <p>Fax: 352.253.1695</p> <p>Email: jtaylor@lakecountyfl.gov</p> |
| | <p>THIS IS A PRICE INQUIRY. THIS IS NOT AN ORDER.</p> <p>Terms and conditions governing this quotation are attached hereto. Insurance requirements, if applicable, are also attached hereto as part of this document. As this price request constitutes an inquiry, and not an order, it implies no obligation to purchase on the part of Lake County.</p> |

RECYCLING AND REMOVAL OF REFRIGERANT FROM WHITE GOODS

All prices submitted are to be on the form below in accordance with all terms and conditions set forth in this Request for Quotation. Prices quoted should be in unit of measure shown. Any award resulting from this RFQ will be made to the responsive, responsible vendor which offers the lowest price on an **aggregate** basis. If award is noted to be made on an aggregate basis, any vendor response that fails to include pricing for all items may be rejected.

Quotations must be received by 3 p.m. on the due date and at the response location listed above.

Prices shall be quoted F.O.B. Destination – inside delivery, freight included and shall be inclusive of all costs. Current and/or anticipated applicable fuel costs should be considered and included in the price quoted.

Work must be completed within **7 days** after issuance of purchase order or notice to proceed.

For questions regarding the commodities/services listed in this quote or for information regarding quotation procedures, terms and conditions, contact the County Point of Contact designated above.

| Description | Details | Quantity | Unit of Measure | Unit Price | Extended Price |
|---|--|----------|-----------------|--------------------------------|-------------------|
| Recycling and removal of Refrigerant from white goods | Vendor will remove and properly reclaim Freon refrigerant from refrigerators and air conditioners units prior to disposal/ recycling | 60 | Monthly | \$ <u>330.00</u> | \$ <u>3960.00</u> |
| Technicians | The labor rate per hour: \$ _____ x travel time to and from facility _____ | 2 | Monthly | \$ <u>40</u> | \$ <u>40</u> |
| | | | | Total Price: <u>\$3,960.00</u> | |

Specifications and/or Special Conditions

Purpose:

The purpose of the solicitation is to establish a contract for a qualified vendor to remove freon from white goods at Lake County's Central Solid Waste Facility at 13130 County Landfill Rd., Tavares, Florida, 32778.

Scope of service:

1. The Vendor shall provide the service as follows: Utilize the proper recycling method to reclaimed refrigerant from refrigerators and air conditioners units prior to disposal/recycling. Vendor disposes at Total Reclaim or similarly approved disposal facility.
2. The Vendor shall provide all equipment necessary to recover and recycle refrigerants, cylinders, etc., in accordance with E. P. A. Stratospheric Ozone Protection Section 608 Clean Air Act of 1990, which contain many measures to protect the ozone layer. This includes prohibiting the release of CFC and HCFC refrigerants during the service, maintenance and disposal of air conditioners (and all other equipment that contains these refrigerants). Individuals who work on such equipment must follow E.P.A. regulations for ozone-safe service practices including recovery and recycling of refrigerant.
3. The Vendor must take precautions necessary to protect persons or property against injury or damage and be responsible for any such damage, or injury that occurs as a result of its fault or negligence.
4. The Central Solid Waste Facility (Landfill) will contact Vendor within 7 business days and coordinates dates and time for services excluding Sunday and Holidays. **The Vendor will be expected to provide services at the Central Facility during the following hours: Mon, Tues, Thur., Fri. from 9:00 AM- 5:00 PM and Wed from 8:00 AM -4:00 PM at a minimum.**

5. The Vendor shall not be responsible for removal or disposal of refrigerators or air conditioners from Central Solid Waste Facility.

6. Bids are to be expressed as Labor rate per man hours, which include travel time. A rate of amount/pounds for all refrigerants reclaimed. A rate of amount/pounds for all refrigerants that are destroyed.

Bid formulas are as follows: (Mandatory: Must be completed by all bidders/Vendors)

Ø Removal Services of recycle cylinders, refrigerants from refrigerators and air conditioners units at Central Solid Waste Facility (Landfill).

Labor Rate: \$ 65 /Per Man Hours (Include travel time)

Reclaimed Rate: \$ 0.15 /LB. for all refrigerants reclaimed.

Destroyed Rate: \$ 3.25 /LB. for all refrigerants that are destroyed.

7. Vendor shall provide a copy of invoice to Lake County Public Works Solid Waste Division which include total amount of refrigerant processed in pounds and the amount of refrigerators, air conditioners and cylinders processed with invoice for payment.

8. The County reserves the right to terminate this Notice of Award within 30 days of written notice

9. County staff member shall notify Vendor for pickup, by either telephone or e-mail and keep a log of telephone or e-mail notifications that list the date and time of the notification, the County staff member that made the telephone call or e-mail request, and the name of the Vendor's employee that received the telephone call or e-mail request. Failure to respond to service requests within 48 hours of request is considered as tardy. One (1) tardy response per QUARTER for two (2) consecutive QUARTERS shall be grounds to cancel or not to award the contract at the discretion of the County. Service response exceptions will be considered for County holidays and weekends

10. The vendor shall operate a facility that process recovery of refrigerant within a sixty (60) mile radius of Lake County Central Solid Waste Facility.

Method of award:

Award of this contract will be made to the responsive and responsible vendor who submits quality bid for the material listed in the solicitation. However, if primary vendor is unable to make accommodations for service ordered, the County will have the option to use second to bidder to keep from storing too much product on site. The County has the right to reject any and all bids submitted for the listed solicitation.

Submission of RFQ:

Please submit all bids offers electronically

Term of contract:

This contract shall commence on October 1, 2016 and terminate September 30, 2017. The County may terminate this contract without cause upon thirty (30) days written notice.

Certifications:

Each vendor interested in bidding on contract must be a registered vendor for Lake County through the office of Procurement Services under Hazardous Waste Services Code(s): 991-705, 991-390, 991-391 and have proof of insurance, business license, and Federal Tax ID. Adequate subcontractor's insurance shall be the responsibility of the vendor. Vendor shall ensure that subcontractors are properly insured to meet the County's requirements before subcontractors are permitted to commence work pursuant to this contract. Vendor shall provide a copy of its current Recovered Materials Dealer Certification from the State of Florida Department of Environmental Protection to certify that it is qualified, approved and licensed to accept and process recyclables and market recovered materials pursuant to federal, state, and local laws.

Dress code/Demeanor/Responsibilities:

The dress code for Vendors and/or Vendor's contractors shall consist of shirt, pants or shorts, work shoes or boots. All workers shall discharge their duties in a courteous and efficient manner and it is the responsibility of the Vendor to ensure this is done. All leaks from driver's equipment or loss of material due to a lack of improperly processing of material will be the responsibility of the Vendor. Central Solid Waste Facility stands down for lightning and will resume operations after threat has passed.

Ship To:

Solid Waste
13130 County Landfill Road
Tavares, FL 32778
Mr. Johnny Taylor
352.253.1684

Bill To:

Solid Waste
P. O. Box 7800
Tavares, FL 32778
Lisa SanMartino
352.253.1685

Certain insurance requirements apply to any purchase in response to this RFQ: Yes

If "yes" is specified above, the specific requirements are described within this RFQ. The vendor selected for award must provide a Certificate of Insurance that clearly complies with the stated insurance requirements prior to issuance of any purchase order. Failure to do so within the requested timeframe (five (5) working days under otherwise noted) may be cause for rejection of that vendor's response.

I acknowledge and agree to abide by all conditions contained in this quotation as well as any special instruction sheet(s) if applicable. Payment terms 30 Days from receipt of materials and/or services and receipt of a proper invoice; delivery FOB Destination - Inside Delivery.

Company

Name

Florida Refrigeration

Signature

[Signature]

8/15/2016

RFQ Details

Name- Terry G. Cheney
President

Address

PO Box 3211

Name/Title

Belleview, FL 34421

Phone

352-622-3828

Fax

Email

Floridarefrigeration@gmail.com

FEIN No

40-3011018

Date:

8/15/16

Prompt payment discount: _____ % if paid within _____ days.

Reciprocal Vendor Preference

Vendors are advised the County has established, under Lake County Code, Chapter 2, Article VII, Sections 2-221 and 2-222; a process under which a local vendor preference program applied by another county may be applied in a reciprocal manner within Lake County. The following information is needed to support application of the Code

Primary Business Location: City:

Belleview

State:

FL

Does this business maintain a significant physical location in Lake County at which employees are located and business is regularly transacted? _____ Yes ☒ No

If "yes", provide supporting detail:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/15/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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| PRODUCER Davis Insurance 1251 NE 2nd st Ocala FL 34470 | | CONTACT NAME: CAREY ROSS PHONE (A/C, No, Ext): (352) 622-7124 FAX (A/C, No): E-MAIL ADDRESS: davisins@mfi.net | |
| INSURED FLORIDA REFRIGERATION & AIR CONDITIONING INC P O BOX 3211 BELLEVIEW FL 34421 | | INSURER(S) AFFORDING COVERAGE INSURER A: SOUTHERN OWNERS INSURER B: F.C.B.I. FUND INSURER C: INSURER D: INSURER E: INSURER F: | |
| | | NAIC # 10190 | |

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-------------------------------------|----------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | 78545023 | 07/16/2016 | 07/16/2017 | EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000 \$ |
| | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | 49-544970-00 | 07/16/2016 | 07/16/2017 | COMBINED SINGLE LIMIT (Ea accident) \$ 300000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> N/A | | 106-52822 | 08/05/2016 | 08/05/2017 | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 100000 E.L. DISEASE - EA EMPLOYEE \$ 100000 E.L. DISEASE - POLICY LIMIT \$ 500000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

REFRIGERATION & AIR CONDITIONING INSTALLATION,
SERVICE & REPAIR
TERRY GENE CHENEY
LICENSE #CAC041277

CERTIFICATE HOLDER**CANCELLATION**

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| LAKE COUNTY BUILDING SERVICES P O BOX 7800 TAVARES FL 32778-7800 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  |
|--|--|